# Annex C: Application Form

**MHCLG COVID-19 Emergency Support funding for Domestic Abuse Services**

**Key Details**

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| **Title of Bid Project:** |
|  |

**Brief summary of bid (500 word)**

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|  |
| **Name of Service or (where Consortium bid) name of Lead Applicant service including company/charity registration number and registered address:** |
|  |
| **Name & contact details of Service Lead:** |
|  |
| **Please indicate which accommodation types the funding will be for:** |
| **YES / NO** | Domestic Abuse refuge/safe accommodation (shared house) |
| **YES / NO** | Domestic Abuse refuge/safe accommodation (self-contained units with some shared spaces) |
| **YES / NO** | Dispersed, self-contained accommodation with domestic abuse support |
| **YES / NO** | Move-on and / or second stage domestic abuse accommodation |
| **I confirm that this funding bid covers costs which are not being funded through any other source** |
| **YES** | **NO** |
| **State Aid: Does any aspect of the project involve the provision of State Aid?** This is not one of the eligibility criteria for this fund. However, the responsibility of ensuring that the funding bid is in line with State Aid rules lies with the applicant, including in the case of consortium bids. |
| **YES** | **NO** |
| **If yes, please briefly explain how you will make sure any State Aid is compliant with the State Aid regulations, for example** **confirming it complies with the COVID state aid framework.**(Applicants may wish to refer to the European Commission’s “Notion of State Aid” guidance: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0719(05)&from=EN> ) |
|  |
| **If bid is on behalf of a consortium, please complete the table below:** |
| **Please list below each of the partner services**  | **Please list each of the partners’ registered address** | **Please list each of the partners’ company/charity registration number** | **Please list the amount each beneficiary will get under the bid** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Amount of Grant Funding sought:**Please summarise the total requested funding under each category - **must be for revenue funding. *This is the total amount of funding sought after for the whole funding period – up until 31 October.*** |
| **Maintaining Existing Level of Service** | **[ FIGURE ]** |
| **Additional Capacity to Help Address the Identified Increase in Demand**  | **[ FIGURE ]** |
| **Total** | **[ FIGURE ]** |

**Supporting evidence**

|  |
| --- |
| **Section 1: Applications for Maintaining Existing Level of Services** |
| (This section is focused on existing safe accommodation provision and should only include information in relation to services and bedspaces that were available prior to April. You should not include any data or funding requests for new safe accommodation services – please use the section 2 for this).Evidence of Needlead applicants in consortium bids should provide one application form for all their bid partners |
| **What is the total number of bedspaces in your safe accommodation services?** | **[ FIGURE ]** |
| **What is the average number of victims referred to safe accommodation services on a typical month, prior to the COVID-19 Outbreak?** |
| …in Refuge accommodation? | **[ FIGURE ]** |
| …in Dispersed Accommodation? | **[ FIGURE ]** |
| …in Other forms of domestic abuse emergency accommodation? | **[ FIGURE ]** |
| …in Move-on and / or second stage accommodation? | **[ FIGURE ]** |
| **For an Average Month prior to the COVID-19 outbreak, how much does the existing safe accommodation service cost to run** |
| …for Staff Costs: | **[ FIGURE ]** | …for Non-Staff Costs: | **[ FIGURE ]** |
| **What are the additional costs you require for maintaining existing service due to COVID for a month.** *Please only set out the costs you are facing on top of your usual costs prior to the Covid-19 outbreak***.** *This should not include the figures set out in the previous question.* |
| …for Staff Costs: | **[ FIGURE ]** | …for Non-Staff Costs: | **[ FIGURE ]** |
| Outputs and Outcomes |
| **What are you requesting funding for?** Please provide a brief breakdown under each category for the amount and what is being requested |
| **Type of Cost** | **Breakdown of costs** | **Total amount** | **What other funding have you received towards these costs?** | **What contribution are you making from your own resources?** | **What gap in funding remains?** |
| **Staffing Cover**(costs of additional temporary staff/ additional staff hours to cover COVID-19 related absences) |  | **[ FIGURE ]** |  | **[ FIGURE ]** | **[ FIGURE ]** |
| **Additional COVID-19 Related Costs**(Such as deep cleaning and the purchasing of essential items for service users) |  | **[ FIGURE ]** |  | **[ FIGURE ]** | **[ FIGURE ]** |
| **Office equipment related costs to enable remote working where relevant** |  | **[ FIGURE ]** |  | **[ FIGURE ]** | **[ FIGURE ]** |
| **Other Costs**(Please specify) |  | **[ FIGURE ]** |  | **[ FIGURE ]** | **[ FIGURE ]** |
| **How many Victims will this part of the funding help?** | **[ FIGURE ]** |
| **How many existing closed bedspaces will be brought back into use as a result of this this part of the funding?** *(Please only include the number of existing bedspaces that have had to close due to Covid-19, but will be made available as a result of the funding listed under ‘Maintaining Existing Services’ above. Please do not list any new bedspaces above your current capacity.)* | **[ FIGURE ]** |
| **Section 2: Applications for Meeting Increased Demand** |
| (This section is focused on additional accommodation and should only include information in relation to new accommodation / bedspaces that is above your current capacity. This should not include data on services or spaces that have been running prior to April – please use the previous section for this).Evidence of Need |
| **How many additional victims referred in April beyond your current capacity in total?** | **[ FIGURE ]** |
| Outputs and Outcomes |
| **For Bids who are seeking funding for additional safe accommodation to help more victims access safe accommodation services until 30 September…** |
| Have you ensured that the additional accommodation is appropriate for domestic abuse victims? | **YES / NO** |
| Please estimate the unit cost of accommodation per night per additional adult accommodated (benchmark rate £25 per victim per night) | **[ FIGURE ]** |
| Does the additional accommodation include domestic abuse support? | **YES / NO** |
| Please estimated the unit cost of additional support per night per additional person accommodated(e.g. additional staff time required x hourly staff cost per victim per night) | **[ FIGURE ]** |
| **How many additional bedspaces have you identified that will be created as a result of this part of the funding?** *(please only list the number of new bedspaces that will be made available as a result of the funding set out under this section only. It should not include bedspaces included under the ‘Applications for Maintaining Existing Level of Services’ section).* | **[ FIGURE ]** |
| **These additional bedspaces will be available…** |
| …from: | **[ DATE ]** | …to: | **[ DATE ]** |
|  | **(should not exceed 31 Oct 20)** |
| **Please estimate how many victims will this part of the funding help?** | **[ FIGURE ]** |
| Specialist Provision |
| **Do you provide a specialist service exclusively for a particular group?** |
| **YES** | **NO** |
| **If so, please identify which particular group you exclusively provide for:**(Please only mark below where your safe accommodation service is **primarily** aimed at supporting the specific needs of that particular group, by providing **specialist** and **tailored** support. E.g. by and for services). |
| **YES / NO** | Female Victims |
| **YES / NO** | Male Victims |
| **YES / NO** | Children (0-17) |
| **YES / NO** | Older Victims (65+) |
| **YES / NO** | Young Victims (18-25) |
| **YES / NO** | Victims who are pregnant |
| **YES / NO** | Victims who are Disabled |
| **YES / NO** | Victims with mental health Issues |
| **YES / NO** | Victims with addictions |
| **YES / NO** | BAME Victims (Black, Asian and Minority Ethnic) |
| **YES / NO** | LGBT+ Victims (Lesbian, Gay, Bisexual or Transgender) |
| **YES / NO** | Gypsies, Roma and Travellers |
| Reporting on Outcomes |
| **The government is responsible for spend of public funds. Please note that if your bid is successful, MHCLG will expect a report on the outcomes of this grant funding once the grant period ends. This will be a condition of the grant agreement.**The lead applicant in consortium bids will be required to collect the data and report back to MHCLG on behalf of all parties benefiting from the grant. |
| **YES** | **NO** |
| **Are you content with MHCLG to confidentially share the data on this form with the Domestic Abuse commissioner? This could help the commissioner on wider domestic abuse work.** |
| **YES** | **NO** |

**Completed forms (including signature Leader of the Organisation to be submitted no later than 20 July 2020 to:**

**DomesticAbuse.Fund@communities.gov.uk**

**Please only include the forms requested. Any other forms or annexes will not be reviewed, and applications will be assessed based on the evidence provided in the application form.**

# Annex D: Leadership Support Form

Bids must demonstrate that they are supported by the head of their organisation (Chief Executive or Director for example).

Completion of this form provides evidence of commitment of the organisation for the project aims. A wet signature can be applied if needed given the circumstances of lockdown.

|  |  |
| --- | --- |
| **Name of Bid** |  |
| Name of Service / Consortium |  |
| Project Lead Name |  |
| Project Lead Team / Unit |  |
| Project Lead Contact Phone Number |  |
| Project Lead Contact Email Address |  |
| Chief Executive / Director Name |  |
| Chief Executive / Director Comments |  |
| Chief Executive / Director Signature |  |

# Annex E: Vendor Registration Form(SAP 7B)

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| --- | --- |
|  | SAP 7B[MHCLG – COVID-19]Finance Shared Services Division |
| Details of Suppliers and Creditors  |
| * This form should be used if you are a supplier/creditor to Ministry of Housing, Communities and Local Government. The information provided on this form will enable us to make a payment to you.
* Page 1 of the form is to be completed by the Department; the remainder of the form should be completed by the supplier/creditor to the Department.
* During the MHCLG COVID-19 response phase, this form should be completed electronically, and mailed to the contact detailed in section 1A.
* If you are completing this form by hand, please write clearly in BLOCK CAPITALS and use BLACK INK. This form should then be scanned and emailed to the contact detailed in section 1A.
* Shaded boxes are mandatory: IF NOT COMPLETED THE FORM WILL BE RETURNED.
* Should you require extra space to reply to any of the questions, please attach an extra page.
* To ensure maximum security, no remittance can be made until this form is completed and returned.
 |
| SECTION 1. TO BE COMPLETED BY A HOUSING, COMMUNITIES AND LOCAL GOVERNMENT OFFICIAL |
| Action required before either sending this form to the vendor or requesting deletion - please select one of the following options: |
| [x]  | A. Set up a New Supplier/Creditor:1. Write your name and the postal address of your office in the space provided below for the RETURN ADDRESS. This is so the completed form can be returned to you for checking and in case of queries.
2. Send the form to the new supplier/creditor for completion, enclosing a self-addressed envelope for its return.

**FOR OFFICIAL USE ONLY**1. Once the form has been returned to you the application must be authorised in the section below.
 |
| [ ]  | B. Update Existing Supplier/Creditor Details1. For all changes the form must be sent to the supplier/creditor for completion.
2. Ensure that the vendor number and company code has been entered.
3. The amendments must be authorised in the section below.
 |
| [ ]  | C. Delete Supplier/Creditor1. Enter the vendor number and complete section two of the form. It is not necessary to complete any further sections. Deletion will stop all transactions between that supplier/creditor and Department.
2. Authorise the deletion in the section below.
 |
| **1A. Return Address** |
| Please send the completed form to**:** | **Vendor Number** |       |
|  | **MHCLG Contact - name: Domestic Abuse Team** |  | **Company Code** |  |
|  | **Email Address:**  |  |  |
|  | **DomesticAbuse.Fund@communities.gov.uk** |  | **Vendor name** |  |
|  |       |  |  |  |
|  | **Tel no.**       |  |  |
| **AUTHORISATION: To be signed on return of form after sections 2- 7 have been completed****FOR OFFICIAL USE ONLY** |
| ***I confirm that Ministry of Housing, Communities and Local Government procedures have been followed when selecting a new supplier or approving a grant to a new recipient*** |
| **Signature of Authorising Officer [SEO or above]** |
|  |  |
| **Signature** |  | **Name in Block Letters** |       |
| **Email address** |       | @communities.gsi.gov.uk | **Grade** |       | **Date** |       |
| **Signature of Deputy Director** |
| **Signature** |  | **Name in Block Letters** |       |
| **Email address** |       | @communities.gsi.gov.uk | **Grade** |       | **Date**  |       |
|  | Please **keep a copy for your records** **and email the fully completed** **form** to FSSD-Vendors@communities.gov.uk |
| **SECTION 2 TO 6 ARE MANDATORY. WITH THE EXCEPTION OF 2.2 WHICH IS OPTIONALIF SECTIONS 2 TO 6 ARE NOTCOMPLETED YOUR FORM WILL NOT BE PROCESSED** |
| * Should you have any queries about completing this form, please contact the person named in section 1.
* The information supplied will be held on computer and may be cross-checked against other records, to prevent duplication of data or fraud.
* Insofar as information provided on this form is classed as ‘Personal Data’ under the Data Protection Act 1998, it will be treated as such in accordance with the provisions of that Act.
 |
| 2. Supplier or Creditor? |
| **Are you**; Tick appropriate boxes |
| a) a supplier of goods or services  | [ ]   |
| b) a creditor applying for a payment for another reason (e.g. grant payment )  | [x]  |
| c) an organisation within the Whole Government Accounts (WGA) boundary ? | [ ]  |
| 2.1 Are you a Diverse Supplier? |
| Note ownership of the organisations detailed below (i to x) relates to how they are governed. Third Sector organisations are governed through a management committee made up of (volunteer) trustees. For the purposes of this exercise 51% or more of the trustees should be representative of the nominated group, to deem your Organisation as being owned/led. |
| i. | Is your business majority owned/led by women? [ ]  |  [ ]  |
| ii | Is your business BAME owned / led? | BAME:- Black, Asian, Minority Ethnic, known until recently as BME. Black is an inclusive term for all ethnic groups who have a common experience of discrimination on the basis of their skin colour. An ethnic minority community is an ethnic group that is numerically smaller than the predominant white group in Britain. A BAME Company is one which is majority BAME owned or led. |  [ ]  |
| iii | Is your business majority LGBT owned/led? | LGBT:- Lesbian, Gay, Bisexual and Transgender. | [ ]  |
| iv | Is your business owned / led by disabled people?  |  | [ ]  |
| v | Is your business a Charity? | Is your Business registered with the Charity Commission (in England and Wales), or are you an 'excepted' charity not obliged to register because you have an annual income of £1,000 or less, and/or are a religious and/or armed forces charity. | [ ]  |
| vi | Is your business part of the VCS? | VCS:- Voluntary and Community Sector. Is your Business active on a local or community level, are you small, modestly funded and largely dependant on voluntary, rather than paid, effort. | [ ]  |
| vii | Is your business a Mutual? | Is your Business an industrial and provident society, such as co-operative societies or societies formed for the benefit of the community, e.g. credit unions, friendly societies, working men's clubs and building societies. | [ ]  |
| viii | Is your business a social enterprise? | Does your Business have primarily social objectives whose surpluses are principally reinvested for that purpose in the business or community, rather than being driven by the need to maximise profit for shareholders and owners. | [ ]  |
| ix | Is your business a Community Interest Company? | Is your Business a limited company, created for the use of people who want to conduct a business or other activity for community benefit, and not purely for private advantage. | [ ]  |
| x | A diverse supplier not meeting any of the above criteria. |  | [ ]  |
| 3. Business Name & Address |
| If you are a sole trader trading under your own name, please insert your name in the “Business name” box. |
| a. | Business Name: |       |
|  | Address: |       |
|  |  |       |
|  | City/Town: |       | County |       |
|  |  |  |  |  |
|  | Postcode: |       | Country |       |
|  | Email address: All the information listed 1) to 5) can be sent to you by email. The same email can be quoted or a different email can be specified for each activity if required. | 1) General Contact Information 2) Remittance Advice: 3) Purchase Order: 4) Weekly Summary Report of your invoices: 5) Upon receipt of invoice: |       |
|       |
|       |
|       |
|       |
| 4. Taxation Details |
| a. | Are you registered for VAT in the UK?  | [ ] Yes |  | [ ] No | If **Yes**, you must enter the VAT Reg. No | GB |   |   |   |   |   |   |   |   |   |
|  |  |  |
| b | If you are registered for any EU taxes, please state the Country, your full Tax Registration No. with the Country prefix: |
|  |  |       |  |       |  |       |  |       |  |
| 5. Payment Details |
| A | Payments are made by BACS Ltd as this offers greater security for your payment and speedier banking direct to your account.  |
|  | For payment by BACS, please complete the following details: |
| Bank / Building Society name |       |
| Branch |       |
| Sort Code\* |   |   |  |   |   |  |   |   |  Building Society Roll No. |       |
| Account No.\* |       |
| Account name |       |
| \* | For a bank account, these details refer to the sort code of the bank and the bank account number of your business (your bank account number will be 8 digits long). If you have a building society account, they refer to the building society’s bank details. If in doubt, please check with your bank or building society. |
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| **6. Name of person authorising on behalf of the supplier** |
| Signature |  |  |
| Name |       |  |
| Position in business |       |  |
| Telephone |       | Fax | N/A |
|  |

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